



Do Not Write or Staple In This
Space.
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Purchase Voucher

Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01038611

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS,TX 78730-5115

Freight Amount: \$0.00

Gross Amount (includes Frt.): \$762,500.00

Discount Amt Taken: \$0.00

Payment Amount: \$762,500.00

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description				AMOUNT
1		0		TPCN-12.1	TPCN-12.1 (529-10-0013-00001E)				\$762,500.00
ShipTo ID	Non-HHSAS Cntrct ID								
E893	529-10-0013-00001								
Contract #		Wkfc	Org PmtDt	IC	RC	Invoice DT:	08/28/15	Req'd Pay DT:	10/01/15
		N				Inv Rec'd DT:	08/28/15	Pay Due DT:	10/01/15
						Service DT:	09/01/15	P O DT:	
1.1	Account 725300	Entry Event Fund	Dept.	Program	Class	Budget Ref	Pri/Grant	Amount	
		0001	716	5016	03138	2016	TANF100F	\$762,500.00	
	Open Item Key:					Conf:N		Certified Amt:	0.00

Descriptive Legal Text (DLT Comments):

DOS: SEP 2015

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

SEP 24 2015

09/23/2015

Approved By	Approver Phone(Area+Number)	Date Approved	DateEntered into HHSAS
			Wagner,Cathy J (ONL UID)
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name		Contact Phone(Area+Number)	

"RECEIVED"

**Health & Human Services
Commission**

STATE OF TEXAS

SEP 22 2015

PURCHASE VOUCHER

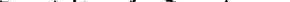
(Shaded areas not used by Agency 529)

HHSC ACCOUNTING

Page 1 of 1

2. Agency number 529	3. Agency name Health & Human Services Commission	4. Current document number 103 8611		
9. Texas identification number 1760802397 8-000	10. PDT CONTRACT	11. Contract number 529-10-0013-00001E	12. Purchase Order number 	13. Document amount \$762,500.00
14. Payee name / address Texas Pregnancy Care Network 1101 S. Capital of Texas Highway Building K, Suite 250 Austin, TX 78746				17. AGENCY USE
18 SFX 001	Bal/cre Fund DeptID/Speedchart	FY 2016	COBJ 7253	ACCTN Amount \$ 762,500.00
	Invoice date 8/28/2015	Invoice number / Account Number TPCN-12.1	Invoice Received Date 8/28/2015	
	Requested Payment Date 5 DAY PAY	Interest Control 	Reason Code 	
18 SFX 001	Bal/cre Fund DeptID/Speedchart	FY COBJ ACCTN Amount		
	Invoice date 	Invoice number / Account Number 	Invoice Received Date 	
	Requested Payment Date 	Interest Control 	Reason Code 	
19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT
September 2015	Payment in accordance to Section 1.06 of Contract No. 529-10-0013-00001E. Contract 529-10-0013-000001E. September 1, 2015 - February 29, 2016.	1	\$ 762,500.00	\$ 762,500.00
24. VENDOR CERTIFICATION		Phone (Area code and number)	25. Entered by	
Vendor Contact Name		Phone (Area code and number)		
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The invoices for the goods and services are correct. This payment complies with the General Appropriations Act.				
Agency contact/preparer SIGN HERE	Printed Name Beth Zahn		Phone (Area code and number) 512-206-5111	Date 21-Sep-15
Agency Approver SIGN HERE	Printed Name Marilyn Eaton		Phone (Area code and number) 512-206-5187	Date 9/21/2015

26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The invoices for the goods and services are correct. This payment complies with the General Appropriations Act.

Agency contact/preparer  Printed Name Beth Zehn Phone (Area code and number) 512-206-5111 Date 21-Sep-15

SIGN HERE		Beth Zahn	512-206-5111	21-Sep-15
Agency Approver SIGN HERE		Printed Name Marilyn Eaton	Phone (Area code and number) 512-206-5187	Date 9/21/2015



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Beth Zahn
Texas Health and Human Services Commission
909 W. 45th Street
Building 555, MC 2010
Austin, TX 78751

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Taxpayer ID No. 76-0802397Amounts due may be remitted
by Electronic Funds**To:** Business Bank of Texas, N.A.
1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758**Routing No.** 114925615**Account:**

Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-12.1**Invoice Date:** August 28, 2015**Due Date:** September 30, 2015**For Professional Services Rendered:****RE:****Contract Number:** 529-10-0013-00001E

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

Payment 12.1: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: September 30, 2015

\$762,500.00

Amount Due \$762,500.00